Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |  |          |                                      |           |   |                  |                    |                    |                                       | Application or Docket Number |                         |                        |  |
|---|--|----------|--------------------------------------|-----------|---|------------------|--------------------|--------------------|---------------------------------------|------------------------------|-------------------------|------------------------|--|
|   |  | CL       |                                      |           | – PART I                                    |                  | SMALL E            | ENTITY             | OR                                    | OTHER THAN<br>SMALL ENTITY   |                         |                        |  |
| FOR NUMBER FILED NUMBER EXTRA   |  |          |                                      |           |   | ]                | RATE               | FEE                |                                       | RATE                         | FEE                     |                        |  |
|   | IC FEE<br>OFR 1.16(a))   |          |                                      |           |   |                  |                    |                    | s                                     | OR                           | 10/12                   | \$                     |  |
|   | AL CLAIMS<br>CFR 1.16(c))  |          |                                      | = .       | · <u>-</u>                                  | 1                | X \$ =             |                    | OR .                                  | X \$=                        |                         |                        |  |
|   | PENDENT CLAIN<br>OFR 1.16(b))                                    | //S      |                                      | minus 3   | = •   |                  |                    | x s_ =             |                                       | OR                           | x s =                   |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))   |  |          |                                      |           |   |                  | 1                  | +s =               |                                       | OR                           | +s =                    |                        |  |
| * If the difference in column 1 is less than zero, enter "O" in column 2.   |  |          |                                      |           |   |                  | ,                  | TOTAL              |                                       | OR                           | TOTAL                   |                        |  |
| 1 DE CLAIMS AS AMENDED - PART II  |  |          |                                      |           |   |                  |                    |                    | · · · · · · · · · · · · · · · · · · · |                              | •                       |                        |  |
| 1   | (Column 1) (Column 2) (Column 3)                                 |          |                                      |           |   |                  |                    | SMALL E            | NTiTY                                 | OR                           | OTHER THAN SMALL ENTITY |                        |  |
| Z   |  | Ċ        | LAIMS                                |           | HIGHEST                                     | PRESENT          | 1                  |                    |                                       |                              |                         |                        |  |
| LNI   |  | F        | MAINING<br>AFTER<br>ENDMENT          |           | NUMBER<br>PREVIOUSLY<br>PAID FOR            | EXTRA            |                    | RATE               | ADDI-<br>TIONAL<br>FEE                |                              | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
| OME   | Total<br>(37 CFR 1.16(c))  |          | 34                                   | Minus     | -31,  | =                |                    | <u> </u>           |                                       | OR                           | X \$=                   |                        |  |
| AMENDMEN  | Independent<br>(37 CFR 1.16(b))                                  | •        | 7                                    | Minus     | ··· /                                       |                  |                    | x s=               |                                       | OR                           | x s=                    |                        |  |
| AN  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(dj)) |          |                                      |           |   |                  |                    | +\$ =              |                                       | OR                           | +s =                    |                        |  |
|   |  |          |                                      |           |   |                  |                    | TOTAL<br>ADD'L FEE | -                                     | OR                           | TOTAL<br>ADD'L FEE      |                        |  |
|   |  | (Co      | lumn 1)                              |           | (Column 2)                                  | (Column 3)       |                    | ·                  |                                       |                              | ,                       |                        |  |
| ENT B   |  | REI<br>A | LAIMS<br>MAINING<br>AFTER<br>NOMENT  |           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                    | RATE               | ADDI-<br>TIONAL<br>FEE                | :                            | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
| DMI   | Total<br>(37 CFR 1.16(c))  | •        |                                      | Minus     | ••  | =                |                    | x s=               |                                       | OR                           | x s=                    |                        |  |
| AMENDMENT   | Independent<br>(37 CFR 1.16(b))                                  | •        |                                      | Minus     | •••   | =                |                    | x s=               |                                       | OR                           | x s=                    |                        |  |
| Ā   | FIRST PRESENT  | ATION    | OF MULTIPL                           | E DEPENDI | ENT CLAIM (37 CF                            |                  | +s=                |                    | OR                                    | + s=                         |                         |                        |  |
|   |  |          |                                      |           |   |                  |                    | TOTAL<br>ADD'L FEE |                                       | OR                           | TOTAL<br>ADD'L FEE      |                        |  |
|   |  | (Co      | lumn 1)                              |           | (Column 2)                                  | (Column 3)       |                    |                    |                                       |                              |                         |                        |  |
| AMENDMENT C   |  | REI<br>A | LAIMS<br>WAINING<br>IFTER<br>INDMENT |           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                    | STAS               | ADDI-<br>TIONAL<br>FEE                |                              | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total<br>(37 CFR 1.16(c))  | •        |                                      | Minus     | -   | =                |                    | x s=               |                                       | OR                           | x s=                    |                        |  |
|   | Independent<br>(37 CFR 1,16(b))                                  | •        |                                      | Minus     | •••   | =                |                    | X 3 =              |                                       | OR                           | x s=                    |                        |  |
| Ā   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))  |          |                                      |           |   |                  |                    | + s=               |                                       | OR                           | +s =                    |                        |  |
|   |  |          |                                      |           |   | - '              | TOTAL<br>ADD'L FEE |                    | OR                                    | TOTAL<br>ADD'L FEE           |                         |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |          |                                      |           |   |                  |                    |                    |                                       |                              |                         |                        |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| PATEN                                     | TAPPLICAT                       | TON FE        | E DETERN              | 7 أفقا 7 أ<br>INATION RE                 | 68103<br>CORD       | plice                  | itton o | Docket I              | <b>Vumber</b>   |
|---|---------------------------------|---------------|-----------------------|--|---------------------|------------------------|---------|-----------------------|-----------------|
|   | EII(                            | ective O      | tober 1, 2            | 001                                      | · · ·               | . (                    | 19/8    | 19843                 | 9               |
|   | CLAIMS                          |               | D - PART              |  | SMAL                | L ENTITY               | _       |                       |                 |
| TOTAL CLAIM                               | 2                               | (Col          | umn 1)                | (Column 2)                               | TYPE                |                        |         | OTH<br>R <b>SM</b> AI | ER THA          |
|   | -                               |               |                       |  | RAT                 | E FE                   |         | RATI                  |                 |
| FOR .                                     |                                 | NUME          | EA FILED              | NUMBER EXTRA                             | BASIC               |                        |         |                       |                 |
| TOTAL CHARGE                              | ABLE CLAIMS                     |               | minus 20=             | •  | XSB                 | <del></del>            | ~ ~     | BASIC F               |                 |
| INDEPENDENT (                             | ZAMŚ                            |               | minus 3 =             | •  |                     |                        |         | X\$18:                | '               |
| MULTIPLE DEPE                             | NDENT CLAIM                     | PRESENT       |                       |  | X42                 |                        | OF      | X84=                  |                 |
| * If the difference                       | in column 1 is                  | · loos the    |                       | "0" in column 2                          | J +140:             | •                      | OR      | +280=                 |                 |
| 11/01/                                    |                                 |               |                       | •  | TOTAL               |                        |         | TOTAL                 | <del> </del>    |
| 13  | LAIMS AS                        | AMEND         |                       |  |                     |                        |         | 7                     | R THAN          |
|   | (Column 1)                      | _             | (Colum                |  | SMAL                | LENTTY                 | OR      | SMALL                 | ENTIT           |
| Toçal:                                    | REMAINING<br>AFTER<br>AMENDMENT |               | PREVIOL<br>PAID FI    | PRESENT EXTRA                            | RATE                | ADDI-<br>TIONAI<br>FEE | ]       | RATE                  | ADD             |
| Total:                                    | ·03                             | Minus         | -20                   | - 3                                      | X\$.9=              | 1 55                   | 1.      | X\$18=                | FEE             |
| Independent                               | • 3                             | Minus         | - 3                   |  | X42=                | <del> </del>           | OR      |                       | 54              |
|   | NTATION OF M                    | ILTIPLE D     | EPENDENT C            | LAM                                      | 1 1                 | <del> </del>           | OR      | X84=                  | ·               |
| filate oil                                |                                 |               |                       |  | +1400               |                        | OR      | +280÷                 |                 |
| f/301,                                    |                                 |               |                       |  | TOTAL<br>ADDIT: FEE |                        | OR      | TOTAL                 | -               |
|   | (Column 1)                      |               | Column                | 2) (Column 3)                            | 1                   |                        |         | COIT. FEE             |                 |
|   | REMAINING                       |               | HIGHES                | POFSENT                                  |                     | ADDI-                  | ľ       | •                     | ADDI-           |
|   | AFTER<br>AMENDMENT              |               | PREVIOUS<br>PAID FO   |  | RATE.               | TIONAL                 |         | RATE                  | TIONA           |
| Total                                     | 25                              | Minus .       | - 23                  | - 2                                      | X\$ Sa              | FEE 1000               | -       |                       | FEE             |
|   | .2                              | Minus         | - 3                   | • —                                      | X42=                | 14                     | OR      | X\$18=                | <u> </u>        |
| FIRST PRESEN                              | TATION OF MU                    | TIPLE DE      | PENDENT CL            | AIM .                                    | 745-                |                        | OR      | X84=                  |                 |
| 1 1                                       |                                 |               |                       |  | +140=               |                        | OR      | +280=                 |                 |
| 0/18/8-1                                  |                                 |               |                       |  | YOTAL<br>ADOIT, FEE | 1800                   | OR      | TOTAL                 | <del></del>     |
| 11  | (Cotumn 1)                      |               | (Column 2             | (Column 3)                               | · ·                 | pd.                    | AC      | XXII. FEEL            |                 |
|   | REMARKING                       |               | HOWEST                | PRESENT                                  |                     | ADDI-                  | · 📂     | <u> </u>              | · · · ·         |
|   | AFTER<br>MENDMENT               |               | PREVIOUSL<br>PAID FOR | Y EXTRA                                  | RATE                | TIONAL<br>FEE          | 1       | RATE                  | ADDI-<br>TIONAL |
| Total                                     |                                 | linus         | · 25                  | . 5                                      | X\$ 9+              | 0.7                    | OR ,    | C\$18=                |                 |
| Independent .                             |                                 | inus ·        | <b>*</b> 2            | .5                                       | X4%                 | 274                    |         | X84=                  | 700             |
| FIRST PRESENT                             | THUR UP MUL                     | WLE DEP       | ENDENT CLA            | الجائل                                   |                     | <u>—</u> ٻ'            | AR _    |                       |                 |
| the only in column<br>the Tilbhest Number | i ir issa man ma'               | ntry in colon | 20 2 wyko W w         | cotumn 3                                 | +140=               |                        | R +     | 280-                  |                 |
| the Tighest Number<br>the Tighest Number  |                                 |               |                       |  | ADDIT, FEE          | 0                      | R       | TOTAL                 |                 |
|   |                                 |               |                       | men 3, erzer 3.°<br>The highest sumber h |                     |                        | -       | XT, FEE 📥             |                 |

Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| Substitute for Form PTO-875   |   |         |  |           |   |                  |                    |                    |                        | 09/898439          |                            |                        |  |
|---|---|---------|--|-----------|---|------------------|--------------------|--------------------|------------------------|--------------------|----------------------------|------------------------|--|
|   |   | CI      | LAIMS AS<br>(Colu                      | FILED     | – PART I  |                  | SMALL E            | ENTITY             | OR                     |                    | R THAN<br>ENTITY           |                        |  |
|   |   |         |  |           |   | ER EXTRA         |                    | RATE               | FEE                    |                    | RATE                       | FEE                    |  |
|   | RC FEE<br>CFR 1.16(a))  |         |  |           |   |                  |                    |                    | s                      | OR                 |                            | s                      |  |
|   | CFR 1.16(c))  |         |  | minus 20  | = .   | 1.               |                    | x s=               |                        | OR                 | x s=                       |                        |  |
|   | EPENDENT CLAIF<br>CFR 1.16(b))                                  | MS      |  | minus 3   | = •   |                  |                    | x <b>s</b> =       |                        | OR                 | x <b>s</b> =               |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                         |   |         |  |           |   |                  |                    | + \$=              |                        | OR                 | +\$=                       |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2. |   |         |  |           |   |                  | •                  | TOTAL              |                        | OR                 | TOTAL                      |                        |  |
|   | , , CI  | LAIN    | IS AS AME                              | ENDED     | – PART II   |                  |                    |                    |                        | •                  |                            |                        |  |
| 7   | 2/3/03 (Column 1) (Column 2) (Column 3)                         |         |  |           |   |                  |                    |                    | NTITY                  | OR                 | OTHER THAN<br>SMALL ENTITY |                        |  |
| ENDMENT A   |   | RE      | CLAIMS<br>EMAINING<br>AFTER<br>ENDMENT |           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR           | PRESENT<br>EXTRA |                    | RATE               | ADDI-<br>TIONAL<br>FEE |                    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total<br>(37 CFR 1.16(c))                                       |         | <i>30</i>                              | Minus     | " 20  | =                | _                  | x s =              |                        | OR                 | x s=                       | ,                      |  |
| 1EN   | Independent<br>(37 CFR 1.16(b))                                 |         | 3                                      | Minus     | ··· /   | =                |                    | .x s=              |                        | OR                 | x s=                       |                        |  |
| AM  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |         |  |           |   |                  |                    | +s =               |                        | OR                 | +s =                       |                        |  |
|   |   |         |  | ·         |   |                  | TOTAL<br>ADD'L FEE |                    | OR                     | TOTAL<br>ADD'L FEE |                            |                        |  |
|   |   | (C      | otumn 1)                               |           | (Column 2)  | (Column 3)       |                    |                    |                        |                    |                            |                        |  |
| ENT B   |   | RE      | CLAIMS<br>EMAINING<br>AFTER<br>ENDMENT |           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR           | PRESENT<br>EXTRA |                    | RATE               | ADDI-<br>TIONAL<br>FEE | :                  | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| DMI   | Total<br>(37 CFR 1.16(c))                                       | •       |  | Minus     | ••  | =                |                    | x s =              |                        | OR                 | x s =                      | -                      |  |
| AMENDMENT   | Independent<br>(37 CFR 1.16(b))                                 |         |  | Minus     | •••   | =                |                    | x s=               |                        | OR                 | x s=                       |                        |  |
| Ą   | FIRST PRESENT   | 'AOITA' | OF MULTIPLE                            | E DEPENDE | ENT CLAIM (37 CF                                      |                  | +s =               |                    | OR                     | + s =              |                            |                        |  |
|   |   |         |  |           |   |                  | TOTAL<br>ADD'L FEE |                    | OR                     | TOTAL<br>ADD'L FEE |                            |                        |  |
|   |   | (C      | olumn 1)                               |           | (Column 2)  | (Column 3)       |                    |                    |                        |                    |                            |                        |  |
| AMENDMENT C   |   | RE      | CLAIMS<br>MAINING<br>AFTER<br>ENDMENT  |           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR           | PRESENT<br>EXTRA |                    | RATE               | ADDI-<br>TIONAL<br>FEE |                    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total<br>(37 CFR 1.16(c))                                       | •       |  | Minus     | ••  | =                |                    | x s=               | ·                      | OR                 | x s =                      |                        |  |
|   | Independent<br>(37 CFR 1.16(b))                                 | •       |  | Minus     |   | =                |                    | x s=               |                        | OR                 | x s=                       |                        |  |
| Ą   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |         |  |           |   |                  |                    | +5 =               | ·                      | OR                 | + 5 =                      |                        |  |
|   |   |         |  |           |   |                  | •                  | TOTAL<br>ADD'L FEE | • .                    | OR                 | TOTAL<br>ADD'L FEE         |                        |  |
|   | " If the "Highest i   | Numb    | er Previously                          | Paid For  | y in column 2, writ<br>IN THIS SPACE<br>IN THIS SPACE | is less than 20  | ent                | er "20"<br>- "3".  |                        | •                  |                            |                        |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time with vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.